

~~SECRET~~

## REQUEST FOR OVERSEAS SHIPMENT OF CARGO

INSTRUCTIONS: CONTACT CARGO OFFICER BEFORE COMPLETING THIS FORM. CARGO OFFICER WILL ASSIGN IDENTIFICATION NUMBER BY PHONE WHEN NUMBER SHOULD APPEAR ON EACH UNIT OF YOUR SHIPMENT. FORWARD ORIGINAL COPY TO CARGO UNIT. RETAIN DUPLICATE.		CARGO NO. (SEE INSTRUCTIONS)		
TO: CHIEF, CARGO UNIT (NAME)	DATE			
FROM: AUTHORIZING OFFICIAL (NAME)	DIVISION	BUILDING	ROOM NO.	PHONE NO.
NO. OF UNITS (CRATES, BOXES, ETC.) IF LARGE SHIPMENT ATTACH MANIFEST OR REQUISITION				
GENERAL CONTENTS FOR CUSTOMS AND CENSORSHIP		PACK'G OR CRAT'G REQUIRED		
ADDRESS OF CONSIGNEE (INDICATE NAME AND DESTINATION OF SHIPMENT IN THE CLEAR)		YES	NO	
INDICATE WAREHOUSE OR OTHER PLACE MERCHANDISE WILL BE ACCUMULATED FOR CARGO UNIT TO SHIP				
REQUESTED IN LETTER DATED	REQUESTED IN CABLE NO.			
REMARKS:				
SIGNATURE OF AUTHORIZING OFFICIAL				
FORM NO. 36-4 SEP 1946	<del>SECRET</del>	SIGNATURE OF APPROVING OFFICIAL		

(1296)

MEMORANDUM COPY

<p style="text-align: center;">19 (Good until)</p> <p>(Bill to _____ Department and Bureau or Service)</p> <p>Requests the _____ Company to furnish</p> <p>at lowest rate the following (Name of Traveler)</p> <p>from _____ to _____ via _____</p> <p><span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span> VALUE. <span style="border: 1px solid black; padding: 5px; display: inline-block;">\$ _____</span></p> <p>I certify that transportation has been furnished as above, except as noted on reverse hereof.</p> <p>Authorization or object _____</p> <p>Appropriation _____</p>	<p style="text-align: right;">19</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">CLASS</th> <th rowspan="2">NUMBER OF PERSONS</th> <th colspan="2">TRANS - PORTATION</th> <th colspan="2">BERTHS</th> <th rowspan="2">STATEROMS</th> </tr> <tr> <th>STANDARD</th> <th>TOURIST</th> <th>UPPER</th> <th>LOWER</th> </tr> </thead> <tbody> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> </tbody> </table> <p>(Place of issue) _____, 19_____</p> <p>(Signature of issuing officer) _____</p> <p>Title _____</p> <p>(Place) _____, 19_____</p> <p>(Signature of traveler) _____</p> <p>Title _____</p>	CLASS	NUMBER OF PERSONS	TRANS - PORTATION		BERTHS		STATEROMS	STANDARD	TOURIST	UPPER	LOWER																												
CLASS	NUMBER OF PERSONS			TRANS - PORTATION		BERTHS			STATEROMS																															
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(To be used for all vouchered travel)

NAME	TITLE OR RANK	SERIAL NUMBER
OFFICE OR BRANCH	OFFICIAL STATION	OFFICE TELEPHONE
RESIDENCE ADDRESS		RES. TELEPHONE

**ITINERARY:** (All temporary duty points must be specifically indicated.)

**JUSTIFICATION IN DETAIL:** General statements such as "Official business" or "Confidential purposes", etc., will not be accepted. If permanent change of station show name, age, and relationship of immediate family and estimated weight of household and personal effects.

<b>DURATION OF TRAVEL:</b>		<input type="checkbox"/> Permanent Change	<input type="checkbox"/> Temporary Duty	<b>IDENTIFICATION WITH CIA:</b>	<input type="checkbox"/> Authorized	<input type="checkbox"/> Not Authorized	<b>TRAVEL CONSIDERED:</b>	<input type="checkbox"/> Routine	<input type="checkbox"/> Secret
From	To								

**MODE OF TRAVEL:**  COMMON CARRIER  
 Airplane  
 Vessel  
•  PRIVATELY OWNED AUTOMOBILE

GOVERNMENT TRANSPORTATION  
 Airplane  
 Vessel  
 Motor vehicle

\* ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE RECOMMENDED ON FOLLOWING BASIS:

- (a) cents per mile, not to exceed cost by common carrier.  
 (b) cents per mile, as being more advantageous to the Government. Justify:

TER DIEM RECOMMENDED: \_\_\_\_\_ ALLOTMENT ACCOUNT SYMBOL: \_\_\_\_\_

**SPECIAL PROVISIONS:** (Such as excess baggage, extra fare train or plane, official courier designations, etc.) Define and justify:

**APPROVALS**

**IN ALL CASES:**

1 \_\_\_\_\_ Signature of initiating official or travel sponsor

Title

Date

Signature of assistant director or staff chief

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**Title**

Date

- PERMANENT CHANGE OF STATION  
(Sec. 1, P.L. 600)
- TRAVEL TO FIRST POST OF DUTY ABROAD  
(Sec. 7, P.L. 600)
- RETURN FROM POST OF DUTY ABROAD  
(Sec. 7, P.L. 600)

**OTHER APPROVAL:**

**Signature**

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Title	Date
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Approved For Release 2003/03/06 : CIA RDP54-00177A00030053-1

1 Send one copy to Transportation Div. and route original and one copy for approvals.

REQUEST FOR MOVEMENT  
OF FAMILY AND/OR HOUSEHOLD EFFECTS

Name of Employee	Title & Branch:
Present Official Station:	Station to which employee is being transferred:
Type of Funds from which Employee's Expenses will be paid:	Approximate Date Employee is to start travel:
<input type="checkbox"/> Special <input type="checkbox"/> Vouchered	
Movement of Family to be Requested (if "Yes," complete spaces below)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Immediate Family for whom Transportation is Requested:	
Name	Relationship
Name, Address & Tel.No. of Person to be contacted in connection with movement:	
Approximate Date it is desired that Family be moved:	
Movement of Household Goods and Personal Effects Requested: (If "Yes", complete spaces below)	
Address and Location of Household Goods and Personal Effects:	
Name, Address & Tel. No. of Person to be contacted in connection with movement:	
Estimated Weight or General Description of effects to be moved: (If household goods, multiply number of rooms by 1000 to arrive at estimated weight)	
Approximate Date Movement is desired:	
REMARKS:	